

The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

May 1, 1951

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Periodontia Gets the Call for May Meeting

Dr. Donald A. Kerr to Discuss Rationale

A Rationale for the Treatment of Periodontal Disease" is the subject for the May Monthly Meeting which will be held in the North Ballroom of the Stevens on May 15. Dr. Donald A. Kerr of the University of Michigan School of Dentistry will be the speaker. This is the last of a series of lectures which began last October with the description of the "New Zealand Dental Nurse Plan" by Dr. Allan Gruebbel. Following him came "Immediate Denture Prosthesis" by Dr. Carl W. Gieler; "Surgical Preparation of the Mouth" by Dr. William T. James; "Economic Importance of Children's Dentistry" by Dr. Harry M. Klenda, and "Cavity Preparation" by Dr. William J. Simon, to complete a vast range of subjects. Dr. Otto Silberhorn and his Program Committee deserve a vote of thanks for a job well done.

President Arno L. Brett will install the incoming officers at this meeting with appropriate ceremony.

THE ESSAYIST

Dr. Kerr received his A.B. degree in 1930 from Michigan State Normal College, his D.D.S. degree from the University of Michigan School of Dentistry in 1937 and his M.S. degree from that institution in 1942. He was formerly Assistant Professor of Pathology in the School

of Medicine at Michigan and is presently Associate Professor of Periodontia and Oral Pathology at the University of Michigan School of Dentistry. He is Examiner in Anatomy and Pathology, Michigan State Board of Basic Science Examiners. Dr. Kerr is a past-president of the American Academy of Oral Pathology and a member of the American Academy of Periodontology. He is the author of numerous articles and reports in scientific journals.

RATIONALE FOR TREATMENT

In his discussion on the rationale of treatment, Dr. Kerr will deal with the clinical signs and symptoms and the pathological changes in periodontal disease. These changes will be correlated with the etiological factors which are responsible for the production of periodontal disease. Consideration of the interrelationship of the above factors will allow one to arrive at a rational program of treatment.

Not too many opportunities occur to hear a leading authority in the field, and, one who presents his facts with such clarity and vigor. Because there is so much to be learned and because methods of treatment have changed so markedly since many of us graduated from dental school, it behooves every dentist, young and old, to attend this lecture. You owe it to your patients.

EDITORIAL

FACT OR FANTASY

Occasionally during his five years' tenure of office, your editor has, with tongue in cheek, attempted to stir up his readers by making observations that bordered on fantasy in an effort to discover if anybody read his stuff. These observations have been rewarded, rarely indeed, with letters in which the writer gave vent to his or her feelings. Such ruffled feelings were usually assuaged when it was pointed out that we were in agreement in principle but merely differed in our interpretation.

In the April 1 issue of this magazine there appeared two editorials which aroused the ire of some of our readers sufficiently for them to take pen in hand. In neither case, however, was fantasy involved. Well documented facts were at hand.

Under the heading of "A Chance of a Lifetime," we pointed out that the Mid-century White House Conference on Children and Youth was just an excuse for the staff of the Social Security Agency to put over its socialized program on an unsuspecting public. We were taken to task by one of our associate members from far-off Arkansas. He writes, "... why don't we face the facts? Has not the organized dental profession, in its fight against socialization, attempted to evaluate the dental needs of the population? Can we present our own positive program to our people without a clear understanding of the needs of our children? Does the mechanics of the American Dental Association's platform against socialized medicine imply that we, as a profession, are to withdraw into our own shell? Shall we ignore the needs of our children while the American public develops its own program of action? Or shall we, can we, work hand in hand with our grass-roots neighbors to establish a future for the basic resource of our nation—our children?"

The White House Conferences, our correspondent avers, have been held every ten years since the time of President "Teddy" Roosevelt. They have been of inestimable value to all professions that deal with children and, in his opinion, they will continue to convene and plan for the child of tomorrow "so that he will proudly take his place as a leader in the world of tomorrow."

Needless to say, your editor is happy to be advised that the conference was of real value. The "distorted version" from which the material for the editorial was garnered came from a report of an observer (medical) who evidently viewed the proceedings with a jaundiced eye.

The other editorial, to which some of our readers took exception, was entitled "Unions—Good and Bad." These readers apparently were of the opinion that the facts in this instance were distorted, also. We might point out that after five years' experience in the field, no editor would be naive enough to believe all he sees in print, or in a letter. One doesn't lay himself open to re-creation without something to back it up.

The Dental Laboratory Association itself admits that certain unions "... are motivated by profit and only in rare instances, ideals," which, to all intents and purposes is just what was pointed out in the editorial in question. And, what's more, we can back up this statement with the aforesaid "well documented facts."

NEWS AND ANNOUNCEMENTS

"WHAT'S NEW IN '52?"

A meeting of the 87th Midwinter Meeting chairmen was held April 13 at the Palmer House. Some of those present were: Schroeder, Motion Pictures; New, Entertainment; Hedges, Registration; and Janitschke, General Arrangements. Jim Keith, Editor of the FORTNIGHTLY REVIEW, and Bob Pollock were visitors.

Some 100 essayists have been contacted for new material and have been very responsive. About 38 of the best essays will be selected in the final showdown. Children's Dentistry and Orthodontia will be in separate divisions.

Limited Attendance Clinics, that have been "sell-outs" in previous years, will have an opportunity to show again, along with new material.

Be sure and see—"WHAT'S NEW IN '52?"

TELEPHONE EXTENSION COURSE OUTLET IN A WEST SUBURB

For men located in the west suburbs who find it inconvenient to get to Oak Park for the Telephone Extension Course of the University of Illinois College of Dentistry, to be transmitted again this fall and winter, a more centrally located outlet is being arranged; tentative location, Elmhurst or Hinsdale. For enrollment, contact Karl Von der Heydt at Euclid 6-1170 or Wheaton 8-2441, or Richard Anderson at Hinsdale 3102.

SURVEY REVEALS OPPORTUNITIES

A recent survey prepared by the Veterans Administration indicates that both the medical and dental professions offer excellent opportunities for those able to gain admittance to schools and complete

necessary requirements. The survey is being used in counseling veterans planning to train under the G.I. Bill and Public Law 16.

The demand for dental services has been increasing at a rapid rate and although the annual graduation from dental schools averaged 2,100, slightly more than the number needed to replace those who die or retire each year, there still are not enough to meet the increased demand.

DENTAL STUDENTS DEFERRED

All dental students doing satisfactory work may be deferred from active military service until completion of their professional training under a new Selective Service order issued on April 3 by President Truman.

ERNEST P. HUDEC 1905-1951

Ernest P. Hudec, a member of the West Suburban Branch of the Chicago Dental Society, passed away February 26, 1951. He had been seriously ill for several months.

Dr. Hudec was graduated from Northwestern University Dental School in 1934 and practiced in Oak Park. He was a Lieutenant Commander in the U. S. Naval Reserve and during World War II served with the Pacific fleet under command of Admiral Nimitz. He was a member of the Oak Park Lions Club and the Oak Park Club.

As chairman of the Membership Committee of the Chicago Dental Society, Dr. Hudec worked diligently up to the time of his last illness. He was vice-president of the West Suburban Branch for the 1950-51 term. He is survived by his widow, Mary; his mother, Mrs. Mary R. Hudec of Berwyn; two sisters and four brothers.

Regular Monthly Meeting of the Chicago Dental Society

April 17, 1951, Stevens Hotel

Meeting was called to order at 8:10 p.m. by President Brett.

It was moved by Dr. Riemer and seconded by Dr. Solfronk that we dispense with the reading of the minutes of the January 16th meeting. Motion carried.

It was moved by Dr. Riemer and seconded by Dr. Weaver that the minutes as published in the February 15 issue of the FORTNIGHTLY REVIEW be approved. Motion carried.

Reports of boards and standing committees—none.

Reports of special committees—none.

Unfinished business—none.

New business—

Dr. Brett announced the special meeting to be held May 4 at 8:00 p.m., at which time the laboratory problem would be presented.

Dr. Ebert then urged that any who had not made their Red Cross contribution do so at once.

Dr. Paul Salisbury then reported on Civilian Defense activities. The first aid course in atomic attack problems would be given in two evening sessions, set up in each of the branches except North and

South Suburban. Dr. Salisbury urged everyone to attend.

Dr. Brett then announced that only one set of candidates was presented for the elective offices of the Chicago Dental Society and so instructed the Secretary to cast a unanimous ballot for the following candidates:

President-Elect—James H. Keith

Vice-President—Elmer Ebert

Secretary—Samuel R. Kleiman

Treasurer—Gustav W. Solfronk

After the Secretary cast the ballot Dr. Brett called the successful candidates to the rostrum where each was presented.

Dr. Otto Silberhorn, Monthly Program Chairman, was then presented and he in turn introduced the essayist of the evening, Dr. William J. Simon of Minneapolis. Dr. Simon gave an excellent paper on cavity preparation accompanied by slides. This was followed by an outstanding movie on the Use of Acrylic Resin Plastic Filling Materials.

Meeting adjourned at 9:45 p.m.

Respectfully submitted,

Elmer Ebert, *Secretary*

CHICAGO DENTAL SOCIETY GOLF OUTING

Nordic Hills Country Club

Wednesday, June 20

Exhibition by world-famous golf professional

Lots of prizes

Sports for the non-golfers

Delectable Dinner

"What's New In '52?"

Midwinter Meeting

Feb. 4 thru 7

Problems in Oral Surgery*

Earle H. Thomas, M.D., D.D.S., LL.B., Chicago, Illinois

[Editor's Note: *Dr. Thomas received his D.D.S. from the Chicago College of Dental Surgery, Loyola University, in 1913 and holds the degrees of M.D. and LL.B. as well. He is a member of the American Society of Oral Surgeons. He has had a vast amount of teaching experience and was Head of Brophy's Oral Surgery Clinic from 1913 to 1920. He has given lectures and clinics from coast to coast and recently was made an Honorary Member of the Kentucky State Dental Association.*]

1. (a) *What procedure is followed if the floor of the maxillary sinus is punctured or opened in removing a tooth?*



Dr. Thomas

In principle, the puncturing of the sinus floor is ignored; in other words, the socket is treated as one that is normal. If excessive bleeding occurs, however, the nostrils are held closed every few moments, with the mouth left open, and the pa-

tient is instructed to try to blow air through the nose. The air will blow out through the socket and expel excess blood with it, thus preventing the accumulation of blood in the sinus. This procedure is continued until the blood starts to clot. If there is insufficient bleeding, the walls of the socket should be sacrificed and the opening of the socket into the mouth covered with gauze until the socket fills with clotted blood.

If the opening is very large and the anatomy of the sinus is such that its

floor has dipped down leaving a short depth of tissue between the sinus and the mouth, a flap operation should be performed closing the opening completely.

(b) *What procedure is followed if a root is forced into the maxillary sinus?*

The socket should be dried and carefully examined to see if the root fragment is in sight. Many times it will be seen at the margin of the opening and still attached to the soft tissues. If so, the opening into the sinus should be enlarged without disturbing the root fragment which then can be manipulated into the socket by means of a right-angled explorer.

If the root fragment is not in sight, it is usually in the immediate vicinity. The opening is enlarged and a blunt ended right-angled instrument is inserted into the sinus and its point swept in a circle over the sinus floor. This procedure will often bring the root into view. If this fails, the opening is made much larger so that vision is better and so that a longer instrument may be used. This latter procedure should prove successful in most instances. If not, the sinus should be filled with saline solution and the patient instructed to blow the solution into the mouth in the same manner that air would be blown. The force of the stream of fluid will often carry the root with it.

In a refractory situation, a buccal flap can be made and all of the buccal plate of bone removed up to and, if necessary, including part of the buccal wall of the sinus. In rare instances, an opening through the canine fossa may be necessary.

In all cases where any large opening is made into the sinus, the opening into the mouth should be closed with sutures, using flaps if necessary.

(c) *How do you treat the sinus if infected?*

*Summary of a Question and Answer presentation at the Annual Midwinter Meeting of the Chicago Dental Society, February, 1951.

Irrigate the sinus every second day until there is no more pus formation. The antibiotics are helpful. When pus formation stops, the opening into the mouth should be closed.

2. (a) *What is the natural course of an acute alveolar abscess from its incipency until marked swelling occurs in the face or neck?*

At first there is pus formation and a consequent absorption of cancellous bone in the direction of least resistance. When the cancellous bone has been destroyed as far as the cortical bone, pus and other toxic secretions are forced through the multitudinous openings in the cortical bone and cause a stripping of the periosteum in this region. Finally, the toxic products break through the periosteum into the adjoining soft tissues—cheek, lip, palate, floor of mouth, or neck—and continue to spread, usually along fascial planes.

(b) *How should it be treated at typical stages of its course?*

Until pus has started to strip the periosteum, drainage should be established through the root canal of the tooth.

At the first indication of the periosteum being involved, and without waiting for "localization," an incision should be made exposing the cortical plate in that region and gauze or other type of drainage should be maintained until Nature has overcome the infection.

In neglected cases with large accumulations of pus in the soft tissues, the incision is made in the same region as above indicated and the gauze drain is inserted to the depth of the soft tissue destruction. In deep neck infection, this incision is made in the floor of the mouth adjoining the inner cortical plate of the mandible.

Extra-oral incisions are rarely necessary. Practically the only time they are necessary is in the case of neglect to such an extent that subcutaneous tissue has all been destroyed in some region.

Antibiotics are rarely used by us in the ordinary abscess because they mask the development of symptoms of necrosis. If used, they do not obviate the necessity of

following the above surgical procedures unless one is willing to allow unnecessary destruction of tissue and unnecessary toxic detriment to all body tissues while waiting to see their effect. In the so-called fulminating infections we always use antibiotics in addition to surgical drainage.

(c) *At what stage should the tooth be extracted?*

The tooth is not removed until all inflammation has subsided.

When infection has passed through the cortical bone into the adjacent soft tissues, the condition is not an "ulcerated tooth." It is an acute infection of the cheek, lip, palate, floor of mouth or neck. Such infection is serious and it is this infection that we treat. The tooth that started the train of events can be ignored until this serious infection is over.

3. (a) *What symptoms differentiate osteomyelitis from acute alveolar abscess?*

Early in both diseases the pain may be intense in or around one tooth. On the second and third days, the pain is progressively more intense in both diseases; it remains localized, however, if the cause is an abscess but it involves the adjoining teeth if osteomyelitis is the cause. By the fourth day, pus from the abscess may break through the cortical layer of bone, thus relieving most of the pain and causing a marked swelling of the overlying soft tissues. In osteomyelitis, the pain has increased steadily, involving more teeth, and the soft tissues overlying all of these teeth have become edematous but there is no excessive swelling. Although there are exceptions, these differing symptoms are usually seen in the routine development of the two diseases.

(b) *What is the treatment of osteomyelitis?*

At the first indication of an osteomyelitis developing, a surgical incision including stripping of the periosteum over the entire involved region is performed immediately, thus giving drainage from the interior of the bone to the outside through the innumerable tiny openings in the cortical plate. This drainage is main-

tained, usually by iodoform gauze, until Nature has overcome the acute phase of the infection. If sufficient drainage is established early enough, within the first two or three days, it is possible for complete resolution to take place without the development of necrosis of the bone and without loss of teeth. If the condition has been neglected for three days or more, necrosis may be expected and adequate drainage is maintained where necessary until sequestration has taken place. Even where necrosis has developed, few teeth need be lost regardless of how loose they become.

Although massive doses of the antibiotics may stop some cases of osteomyelitis, waiting for their effect without instituting adequate surgical drainage will allow disastrous necrosis to occur in a majority of cases. When the antibiotics are given in conjunction with surgical drainage, the symptoms of hidden regions of necrosis are often masked resulting in unnecessary extension of disease with resulting bone destruction. In many types of osteomyelitis, therefore, we prefer not to use antibiotics.

(c) *Following osteomyelitis or any other infection, how do you diagnose the presence of necrotic bone and how do you treat it?*

If, after incision and adequate drainage until all inflammation has subsided, the soft tissues are allowed to heal stopping further drainage, no subsequent swelling should occur. If swelling does occur, it usually indicates the presence of necrotic bone and drainage should be reinstituted and continued until such necrotic bone sequesters and is removed.

If the soft tissues are not allowed to heal over a region where bone is exposed, the surface of the bone will gradually become covered with granulation tissue. Normal granulation tissue has a distinctive appearance and, when pressed against by a blunt instrument, exhibits a certain degree of firmness. If any region of this granulation tissue appears different from normal, builds up faster than normal, or becomes softer than normal,

such changes usually indicate underlying necrotic bone. Careful probing under such regions will evacuate pus or disclose bone unattached to granulation tissue and such individual regions should be kept draining until sequestration has taken place.

Sequestra are nearly always removed as soon as they separate. In unusual situations, however, where the sequestrum involves a large cross-section of the mandible or its entire cross-section with accompanying pathological fracture and, where the effect of removal would be to cause deformity, the large sequestrum is left *in situ* with adequate drainage maintained until the periosteum has deposited new bone in an involucrum sufficient to maintain the normal shape of the jaw. Such a procedure of using the sequestrum as a mold will not only prevent marked deformity but will also obviate the necessity of bone grafts in most cases.

4. *What factors influence the decision to use tube drainage rather than an enucleation operation in the treatment of a large bone cyst?*

When a large cyst involves the maxillary sinus, the inferior dental nerve, the apices of the roots of vital teeth, or other structures where enucleation would cause possible or probable irreparable damage, tube drainage is indicated. This tube drainage can be continued until the entire cyst is wholly obliterated, or it may be discontinued and an enucleation operation performed as soon as the cyst wall has receded from all important structures.

5. *How do you treat "dry sockets" and how can they be prevented?*

In a so-called dry socket, the surface of the bone is bare and either alive or dead and necrotic, or there may be present simultaneously a combination of both conditions. In a socket surrounded by normal gum margins, packing the whole socket lightly with iodoform gauze saturated with almost any non-cauterizing obtundent should stop the pain in a few minutes. After the first packing, the pain may return in a few hours or the following day at which time the packing should

be changed. After the second packing, it can be changed every second or third day until all surfaces of bone are covered with granulation tissue, after which there will be no more pain. If there still remains a large cavity where food and debris can collect, socket paste can be used until the cavity is filled with healthy tissue. Granulation tissue does not replace necrotic bone until osteoclasts have absorbed or sequestered such bone.

If undue damage during extraction has caused death and loss of soft tissue leaving exposed bone that cannot be covered with a gauze pack, the nerve endings in such bone should be destroyed with silver nitrate. The necrotic surface bone, after such treatment, will be absorbed or sequestered leaving healthy granulation tissue which will subsequently epithelialize.

Dry sockets rarely develop if proper surgical procedures are followed. It would require a book to discuss all of the underlying causes. A discussion of these causes and their avoidance would take in the whole field of the principles of surgery and local anesthesia, plus other fields, and would involve every move made during anesthesia and operation.

Some helpful suggestions, however, are as follows: one will not have a dry socket if he uses the weakest local anesthetic possible, the least amount of anesthetic possible and containing a minimum per cent of constricting agent, opens up the soft tissues sufficiently to avoid damage to them, removes sufficient bone around a tooth to obviate unnecessary pressure damage to bone that is to remain, uses slow, steady, and careful pressure in removing the tooth, never allows saliva to enter the socket, carefully peels out any granulosomatous region, trims all sharp and prominent margins of bone, removes all bone that has been damaged by an elevator, and sutures the soft tissues over the socket to protect it.

6. (a) *How does the pain of tic douloureux (tri-facial neuralgia) differ from the pain of other facial neuralgias.*

The pain of tic douloureux comes on suddenly, is excruciating, causes sudden

contraction of the facial muscles (tic) and, in a few moments, it entirely disappears. The patient may describe it as an electric shock shooting throughout the length of the nerve branch. It practically always starts from a "trigger zone."

In other neuralgias, there is no sudden contraction of facial muscles, the pain seldom follows a nerve branch, and the pain involves a larger area and continues longer.

(b) *How do you treat these neuralgias?*

There are innumerable abnormal conditions that occur in connection with teeth and jaws, any of which can be the cause of neuralgia. Systemic conditions can also be a cause.

After all of these abnormal conditions are corrected, all ordinary neuralgias will be stopped completely. In some cases of tic, however, the condition may not be improved because it is due to some unknown inherent disturbance in the nerve itself. In the vast majority of such cases, the pain can be kept under control by alcohol injection of the trigger zone itself, thus avoiding deeper injection into the nerve trunk or Gasserian ganglion or operation on the ganglion.

Among abnormal conditions that cause neuralgia, the most common and the most overlooked is traumatic occlusion. Other common causes are: closed bite (especially neuralgia of the tongue), cavities in teeth (even tiny ones), flat contact points with food impaction and decomposition, scar tissue impinging on nerves, impacted teeth, abnormal localized pressure of artificial dentures, calcific degeneration of pulps, dying pulps, granulomatous disease in bone encroaching on nerve branches, tumors, split crowns of teeth, knife-like ridges, infected cysts, maxillary sinus infections, and supernumerary teeth.

(c) *What is the cause of most obscure neuralgias of the face and neck and how can you determine that you are dealing with a neurasthenic or a malingerer?*

The most common cause of obscure neuralgias of the face and neck is trau-

(Continued on page 24)

NEWS OF THE BRANCHES

KENWOOD-HYDE PARK

We are glad to report that Gail I. Gould is recovering rapidly. Last week Gail left the hospital and is recuperating at home before returning to his duties in the office. . . . R. J. and Mrs. Wells left last week for a fishing trip in Florida. Bob will return in time to attend the State meeting in Peoria. . . . Enjoyed a visit with Syl Cotter and received an off-the-cuff account about the Cotter and Budill combination now engaged in the practice of oral surgery. Syl's enthusiasm is something to be admired and such an efficient twosome should render excellent service. . . . Dr. Arthur Block has completed his graduate studies in the orthodontic department at the University of Illinois, and in the future Art will be associated with Howard Strange. . . . Ben Herzberg attended the meeting of the Tweed Study group in Tucson, Arizona. . . . Otto Mast left for Angola, Indiana, and expects to turn up the sod with the new Tang plow he recently purchased. I'll wager Farmer Mast will desert the hard seat in the tractor and sneak off for some blue gill fishing on Lake James. . . . Our Ladies' Night meeting will be held at the Sherry Hotel on Tuesday evening, May 22. Miss Olive O'Neill, a very attractive vocalist, will present *Roberta*, a musical play for youth to dream about, a play for middle age to remember, and for everyone to sing. Remember you have a date with that fair lady, the better half of the household, to see and hear Miss O'Neill present her Miniature Operetta, the beautiful music and dialogue from *Roberta*. Tuesday, May 22, is the night and come early and enjoy a little relaxation. . . . Rudy Grieff, chairman for the Kenwood golf outing, reports everything is in readiness for a grand golf outing, to be staged at Cherry Hills on Wednesday, June 13. The almanacs predict the sun will shine on that

appointed day, so now is the time to arrange for a day of sunshine and relaxation. . . . Telephone our dinner chairman, Graham Davies, and get your tickets for Ladies' Night on Tuesday, May 22. . . . **DON'T FORGET THE CHICAGO DENTAL SOCIETY GOLF OUTING, JUNE 20, NORDIC HILLS COUNTRY CLUB.**—Howard E. Strange, Branch Correspondent.

ENGLEWOOD

The last meeting of Englewood was, in the opinion of your correspondent, one of the best of many fine meetings this past year. Dr. Maury Massler presented an extremely interesting talk on "The Oral Manifestations of the Menopause." All the men present enjoyed the subject, as well as the delivery, and all of you not present missed something. . . . Next month Ted Vermeulen plans to present a heart specialist who will give a talk on cardiac troubles and the symptoms which can be detected by us, the dentists. More on this in the next issue. . . . We haven't much news to report this issue, and what we have isn't so good. . . . We are sorry to report the passing of M. C. Baron, in the past week, due to a cardiac condition. . . . A couple of months ago we reported some of the happier moments of Joe Jun's family. Now we are very unhappy to report the passing of Joe's 17-year-old son, due to a virus infection of the kidney. This is a blow and I am sure we all extend our sympathies to Joe and his family. . . . Mrs. Bill Cruikshank is now in Presbyterian Hospital with a similiar condition to that mentioned above. A speedy recovery to Mrs. Cruikshank! . . . The golf outing has been changed due to the fourteen odd bucks per head wanted by Olympia Fields, but more of this in the next issue. See you then and I hope there will be some good news to report. . . .

DON'T FORGET THE CHICAGO DENTAL SOCIETY GOLF OUTING, JUNE 20, NORDIC HILLS COUNTRY CLUB.—*Lawrence E. Lucas, Branch Correspondent.*

NORTHWEST SIDE

So here sits your roving reporter in Detroit, as a visiting fireman at the Michigan State Dental Society, realizing that today is the deadline. . . . In spite of the snow on the ground this morning, we can realize that it is spring when we report on the election of the new staff of officers for the Northwest Branch. At the joint installation and ladies' night, Joe Ullis will head a line of officers that is well fitted to carry on the traditions of this branch. Gerson M. Gould is president-elect; John Gates, vice-president; Cas Rogalski, secretary; with Joe Lebow as the low man on the totem pole, our new treasurer. Frank Brzezinski, Henry Gewartowski, and Folmer Nymark are the Board of Trustees' members. . . . The Ladies' Night will be Wednesday, May 16, at the Furniture Club, 666 Lake Shore Drive. Mark your books, NOW! A steak dinner, prizes for the ladies, and the promise of a good line of entertainment should really get us all there for the night when we pay our respects to the women of our branch. . . . Thad Olechowski reported on the action of the Board of Directors of the Chicago Dental Society in apprising the members of the situation to date on the unionization of the laboratories. We hope that there will be a continuation of this spreading of knowledge among the members, so that we may all be well advised in our judgment of such an important matter. Be aware, and judge correctly—try to make snap judgment, and you end behind the eight-ball. . . . Frank Biedka advised us all to watch for the publication date of the showing of the color films on "Civil Defense" activity. . . . The final in the lecture series of the "Neer year" on economics was a fitting climax to a well-thought-out year of programing. Dan

Klein deserves all the praise that one can give him for a job well done. His successor, whoever he may be, will have to really produce to keep up the pace set by Dan. . . . **DON'T FORGET THE CHICAGO DENTAL SOCIETY GOLF OUTING, JUNE 20, NORDIC HILLS COUNTRY CLUB.**—*Ben Davidson, Branch Correspondent.*

WEST SIDE

The West Side had a great installation program with Glenn Cartwright acting as installing officer. The officers installed were president, Robert Tuck; vice-president, Walter Kelly; secretary, Harold Epstein; treasurer, Frank Kropik; Librarian, William Bingaman; director to West Side Branch, Thomas DeVito; and the director to the Chicago Dental Society, Alvin Sells. President Tuck gave a brief talk saying that he will continue to keep the West Side in front with interesting programs. . . . The branch has had very good attendance at our dinners and the new officers hope that we will beat this record next year. . . . The new officers will take over at our golf outing at St. Andrew's golf course on May 16. This is the event of the year and if you want to spend a wonderful day and have a most pleasant dinner, then be sure to come out. . . . Basil Cupis, Director of Chicago Dental Society from the North Side branch, was a guest at our installation dinner. . . . Sam Kleiman has been elected president of the Loyola Dental Alumnae Association. Joe Porto has been elected vice-president of the Association. The Loyola Alumnae had their annual homecoming on April 15, 16 and 17. A large percentage of West Side members attended the banquet at the Congress hotel. . . . A meeting for West Side dentists, describing their role in civil defense, was held at the Midwest hotel on April 24. Another meeting is scheduled for May 1. . . . The West Side members signed a letter of commendation which was sent to editor Jim Keith for his recent editorial on the unionization of dental

laboratories. . . . John Reilly's son has been ordered to army duty in Europe. . . . Maurice Berman attended the meeting of the American Association of Orthodontists at Louisville. While there, Maurice took in a sightseeing tour of the Smokies. Too bad he couldn't stay longer and take in the Kentucky derby. . . . Sid and Mrs. Holzman are vacationing in Havana. . . . Robert Bailey won the Gin Rummy Championship from Stan M. (for Minter) Sherman and is now the champ of Madison Street. . . . Art Tessler has built a patio on his new house which is to be used for his summer siestas. . . . Jack Ehrlich is seen driving around town in his new super "diarrhea green" Olds 88. . . . Andrew Nielsen just returned to work after spending three weeks in Florida. . . . Happy to report that Bill Ashworth is on his way to recovery after a long illness. . . . Commander Edward Brenner was in town for the 25th anniversary of his class at the Loyola Alumnae Homecoming Week. . . . Hope to see you at the golf outing on May 16. Bring some news with you. . . . **DON'T FORGET THE CHICAGO DENTAL SOCIETY GOLF OUTING, JUNE 20, NORDIC HILLS COUNTRY CLUB.**—*Irwin B. Robinson, Branch Correspondent.*

SOUTH SUBURBAN

There is something very gratifying to a correspondent when he sits down to write his column to have a thick pile of items to write about. When they are not there, there is a time of brain cudgeling and really hard thinking to dig down and see if there were not some odd bits of news that were heard with a half ear that didn't seem too important at the time. I am in this unenviable position at this time, so of necessity, the column for this issue will be rather short. . . . We are indeed sorry to hear that E. D. Patnaude of Blue Island is still laid up with an unusually severe bout with the virus. . . . A. I. Broder is the proud owner of a new '51 Chrysler. . . . Henry Bahlman is really going all out, putting a new x-ray ma-

chine in each of his two operating rooms. . . . Dan Altier is putting a new S. S. White Master unit in his office. . . . Glenn Eberly and Tom Scanlan have signed up for the course on the Airdent Technic at the University of Illinois. . . . Harry Lees and your correspondent are signing up for a course in the use of suggestion and hypnosis for some of those patients who are more than a little difficult to handle. . . . That's all for now. See you all at the golf meet and until then, if there is anything going on, please drop me a note. . . . **DON'T FORGET THE CHICAGO DENTAL SOCIETY GOLF OUTING, JUNE 20, NORDIC HILLS COUNTRY CLUB!**—*H. C. Gornstein, Branch Correspondent.*

NORTH SUBURBAN

Our April 10 meeting turned out to be a very fine one. There were approximately 100 members to hear Clarence Simpson of St. Louis for the afternoon and evening sessions on radiographic high points. The lucky \$125.00 door prize winner was Russell F. Berner. When he received the cash, he threw his half-smoked cigar away. (Wouldn't you?) . . . The new officer slate for next year is as follows: President, O. B. Kibler; president-elect, Russell Johnson; vice-president, Zenas Shafer; secretary, O. E. Scott; treasurer, Norman Laird. . . . Carl A. Reeb of Wilmette wants to thank everyone of North Suburban for sending flowers to him during his illness at Evanston Hospital. Although he has been there about four weeks, he expects to be out soon. . . . George Upson has been ill but is home now, according to last reports. . . . The Junior League's sponsored dental clinic at Evanston Hospital had its open house a short time ago. . . . Several fellows must know that five billion oranges can't be wrong, so they went down to check on the, oh, well! Florida oranges. Among those visitors were Jim Fonda (Winnetka) to Miami; Adrian Swanson (Evanston); Walter Poyer (Des Plaines); Roy Schulze (Des Plaines) to Holly-

wood; George and Mrs. Blech (Evanston) flew to Miami Beach, where they wine and dined at the New Surf Hotel. . . . Ed Baumann went to Detroit for the Michigan State Dental meeting. . . . Howard Dunn likes the wild West, so was in Arizona for four weeks. . . . Carl Schramm tried to find some early spring so spent a few days at Spring Mill Park in Indiana. . . . Harry Chronquist chose Turkey Run Park, Indiana. . . . Bill and Mrs. Redlich are really enjoying the ski runs in Switzerland. He also said, "No emergency talk here!" (Wonder if he means international or that everyone there is a capable athlete?) . . . Chester Osajda of Evanston moved into a new home at 8137 Kolmar Ave., Skokie, about two months ago. . . . W. Otto Brasmer is helping to run a 640-acreage hunting preserve with exclusive membership which includes five Evanston dentists. Son Bill is teaching dramatics at Dennyson University, while son Tim is teaching small animal surgery at Illinois Veterinary school. . . . So with many ideas behind and ahead I quote:

"If your lips would keep from slips,

Five things observe with care!

Of whom you speak, of what you speak,
And how, and when and where."

Doesn't leave much more to talk about, does it? . . . **DON'T FORGET THE CHICAGO DENTAL SOCIETY GOLF OUTING, JUNE 20, NORDIC HILLS COUNTRY CLUB.** . . . See You!—*J. C. McGuire, Jr., Assistant Branch Correspondent.*

NORTH SIDE

At our last meeting, our annual election of officers resulted as follows: President, Manley Elliott; vice-president, Russell Boothe; secretary, Edmund Kirby; treasurer, Walter Nock; librarian, Robert Oppice. This was the slate of officers that was presented by the nominating committee and it was unopposed. . . . Watch your mail for an announcement of a special meeting of the Chicago Dental Society concerning the recent LABO-

RATORY SITUATION; this is very important to all. . . . Bill Osmanski and his N.S. golf committee, consisting of Andy Sauer, Jr., Marshall Nilsson, John Anderson, and myself, have contracted Chevy Chase Country Club as the site for this year's N.S. golf outing. Set aside the date of June 27 for this affair. There will be the usual fine dinner along with a bevy of prizes. The situation has changed considerably since we had our last outing at this club. We will be able to play cards and have our usual fellowship after the dinner. The course has improved considerably and we are all sure that the facilities offered will allow all to have a wonderful outing. . . . Rube Kadens is to be congratulated for the splendid meeting he prepared for our clinic night. We certainly appreciate the great amount of work done by Rube and know that he must feel that the job was well done. . . . The fishing, golf, and baseball seasons have now officially opened so that all of us poor souls who couldn't make the winter season (because we were too busy in the office ?) in Florida can enjoy the vacation land we have right here in good old Chicago. . . . All for now. . . . **DON'T FORGET THE CHICAGO DENTAL SOCIETY GOLF OUTING, JUNE 20, NORDIC HILLS COUNTRY CLUB!**—*Robert B. Oppice, Branch Correspondent.*

WEST SUBURBAN

STUDY CLUBS !!! DEFENSE !!!

In the past two years one of the most colorful projects ever started was the Study Clubs of Englewood Branch. It was remarkable the attendance at these dozen or so clubs, and the good that was derived. Many study clubs have been going for years and membership is a closed proposition. But here is a branch project, everyone is invited and many meet in homes. The speakers' list was formed and the speakers were generous enough to go from Club to Club. Some of the difficulties in processing acrylics as well as crown and bridge had a thorough going

over. This was mentioned to our West Suburban president, Wm. Vopata, who was elated and mentioned the fact that this may be the answer for our defense program. For example, study clubs or emergency stations are now being formed and could be organized in collaboration with defense programs. Senior students could help with laboratory emergencies and in case of bombing (God forbid), dental and laboratory work could be taken care of at these stations. Also the Telephone Extension course could include in its curriculum a brushing up of fracture cases, crown and bridge, etc. I understand the movement is afoot and, boy, would it then be the answer to our emergency problem. ! ! ! STUDY CLUBS FOR DEFENSE ! ! ! . . . NUMBER PLEASE! Yes, sir, folks, it's here again. Telephone Extension Program, and, for the convenience of the dentists in the West Suburban area, a new location is being decided upon, when the enrollment of 25 is filled. So HURRY, HURRY, HURRY, May 14

deadline. Cost, \$10.00. Possible location, Elmhurst or Hinsdale. Please telephone Karl Von der Heydt, Euc. 6-1170, or Wheaton 8-2441, or Richard Anderson, Hinsdale 3102. . . . This is one from the Boss. CLASS OF 1926, CHICAGO-LOYOLA, HAD A REUNION. Considered by Joe Voita (who is prejudiced naturally) and his classmates the best and greatest class to ever have graduated from the above school. They are really great though, look at this attendance after 25 years. Sixty were present, with wives, out of 114 who graduated. Twelve, I am sorry to say, have gone away to rest. One-hundred invitations were issued and members from all over the world were present. The reunion was held at the Blackstone Hotel on April 8. The West Suburban roster included Tony Treybal, Bill Franta, Arnold Anderson, Joe Voita and Bob McNulty, who is now Dean of Southern University Dental School of Calif. The boys looked good and the wives lovely. In 1976, they plan a meeting

(Continued on page 28)

NOTICE OF SPECIAL MEETING

of the

CHICAGO DENTAL SOCIETY

A special meeting of the Chicago Dental Society will be held in the North Ballroom and North Assembly Room of the Stevens Hotel on Friday, May 4, 1951 at 8:00 p.m.

Admission will be by 1951 membership card only.

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Central Offices: 30 N. Michigan Ave., Chicago 2, Ill., Phone RAndolph 6-4076

Kindly address all communications concerning business of the Society to the Central Office

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J. R. Carlton	1951
Irvin G. Oaf	1952
George H. Welk	1953

Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with J. R. Carlton, 2612 E. 75th St. Anonymous communications or telephone calls will receive no consideration.

Applicants

No new applications for membership have been received.

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PROBLEMS IN ORAL SURGERY

(Continued from page 14)

matic occlusion. This is especially true of pain over the malar bone, the posterior and inferior borders of the mandible, the neck, and pain that circles the corners of the mouth.

The neuresthenic rarely describes his pain or its location twice in succession in the same manner. If one tries to get more details of one particular pain he has mentioned, he will invariably want to talk about having pain of a different kind in another location.

The malingerer, if encouraged to talk long enough, will invariably contradict himself in his description of the pain or its location. He is always especially susceptible to following one's suggestions as to the severity or the location of pain.

7. (a) *Should all impacted teeth be removed?*

All impacted teeth should be removed if they cannot be moved into their normal position. This is a principle, not an

invariable rule. In some rare instances, the cure would be worse than the disease. Impacted cuspids in children can practically always be uncovered and moved into normal position.

Furthermore, those impactions that are to be moved should be operated on as early in life as it is known that they are impacted.

(b) *What detrimental and systemic effects can ensue if they are left in situ?*

Local effects. Their pressure can cause the shifting of other teeth from normal position, even teeth far removed from the impaction. The result of this shifting can be change in arch form, detrimental appearance, traumatic occlusion and eventual periodontal disease with its attendant sequelae, local and systemic. Their pressure can cause pain and local neuralgias. Absorption of the roots of adjoining teeth can develop, and occasionally fusion to roots of adjoining teeth. Cysts can develop from the Nasmyth's membrane which envelops their crowns.

If the cusp of an impacted tooth con-

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tacts saliva, from that moment there is chronic infection of the tissues surrounding its crown, and the resultant systemic effects of this infection can cause disease and degeneration in every tissue of the body. Also, the chronic infection may develop at any time into a serious acute infection of the surrounding tissues.

Systemic effects. As mentioned above, when an impacted tooth contacts saliva the resulting chronic infection can cause toxic effects in every organ and tissue of the body. Also, because all nerve centers in the brain are interconnected, there can be reflex neuralgias and other nerve effects causing disturbances in function anywhere in the body, and any disturbance in function may eventually result in organic change.

(c) *Is removal of an impacted tooth an "operation"?*

The removal of an impacted tooth is not "yanking or pulling a tooth." It is an operation in every sense of the term and, unless a high degree of care and skill and exceptional surgical judgment are used

in executing every detail of the operation, serious and irreparable damage may ensue.

For instance, in the removal of a badly impacted lower third molar, the throat and cheek must be opened up and, sometimes, an inch or more of bone removed under the throat and cheek in the immediate region of the lingual nerve which supplies sensation to the tongue, the long buccal nerve supplying sensation to the inner cheek and gum tissues, and the inferior dental nerve supplying sensation to the teeth, chin and lower lip. Such an operation is classed under bone surgery and, being performed in a nonsterile field, requires exceptional surgical skill, both during the operative procedures and during the postoperative care, if destructive sequelae are to be avoided.

8. (a) *In the removal of an impacted tooth, what complications must be considered and avoided?*


Complications may be injury to the various nerve branches, to the throat tissues, and to the adjoining teeth; in ad-

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dition trismus, postoperative infection, and extensive necrosis may develop. Fracture of the jaw is not an infrequent complication.

(b) *How can you determine if postoperative swelling is infection?*

All postoperative swelling should be starting to recede by the third postoperative day. If the swelling persists or increases, this reaction is usually a sign of infection deep in the tissues, and immediate drainage should be instituted and continued until all infection is overcome.

(c) *What are the general principles underlying postoperative care?*

Sedatives are given for any postoperative pain. Hot saline solution is held in the mouth around the operative region. Hot face packs may be used after the first twenty-four hours. Cold face packs may be used the first twenty-four hours. If infection develops, iodoform gauze drains are inserted in the region affected and adequate drainage maintained until all infection has been overcome.

9. *What is the main procedure used to diagnose long continued obscure complaints?*

The main procedure is to get from the patient a complete and detailed history which includes the entire course of the complaint from the time of the first indication of any abnormal symptoms. This is easier said than done as most patients must be prompted to recall all of their symptoms and the course of the disturbance in sufficient detail to be of value in making a diagnosis. The patient's description, in his own words, of the kind of pain experienced and the course of the symptoms is of greatest value.

If one knows the symptoms and course of every disease that occurs

around the jaws and face, the history, as it unfolds, keeps eliminating one type of disease after another; ultimately, nine times out of ten, a diagnosis can be made from this history alone before one has examined the patient.

10. (a) *What are the common chronic infections in the mouth?*

Apical infection and so-called pyorrhea. We never use the term "pyorrhea"; we speak of infection of the gum and underlying tissues. Gum tissue infections are just as great a source of focal infection as are apical infections. We class all pulpless teeth as infected. If some are not, there has as yet been given to the profession no method of determining such a fact. Negative radiographic findings are certainly not evidence of health because, routinely, serious systemic conditions are being cured by removing such "negative" pulpless teeth.

(b) *What systemic effects can they cause?*

Mouth infection can cause, in every tissue of the body, every disease and degeneration that is a result of infection or the absorption of toxins from the kinds of organisms found in mouth infection including streptococcus hemolyticus and streptococcus viridans. By lowering the resistance of the tissues of the body to other organic and functional diseases, mouth infection can also detrimentally influence their course.

(c) *What constitutes a healthy mouth?*

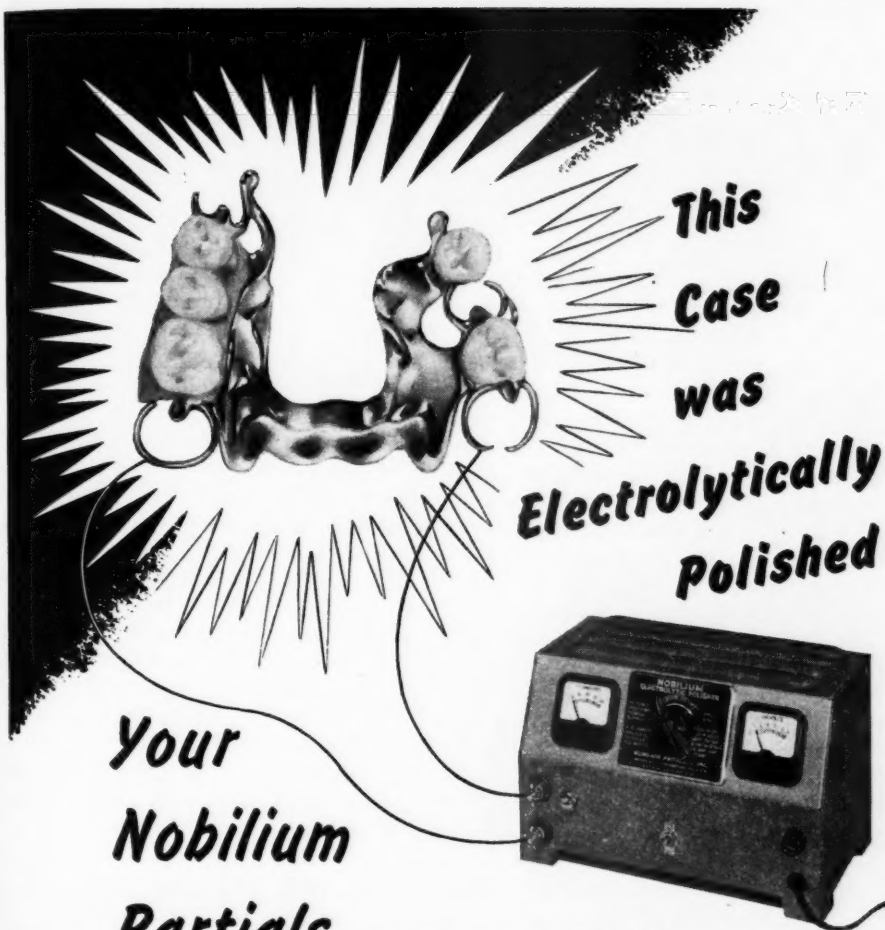
A healthy mouth contains no pulpless teeth and has no gum inflammation or detachment of gum tissues from teeth to a depth of 5 mm. Neither is it affected by any other of the innumerable types of pathologic conditions that may be found around teeth, jaws and their associated structures, whether due to local or systemic causes.

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NEWS OF THE BRANCHES

(Continued from page 19)

at Oak Park Old Peoples' home, where political Joe has reservations. . . . John Silberhorn and his delightful wife motored and sunned for a couple of weeks in Florida. They attended clinic night and sure looked good. Speaking of clinic night, a record crowd witnessed the inauguration of our new officers, who were installed by our Chicago Dental Society president, Arno Brett. The new president of the Branch, Clarence Hanson, gave an impressive speech which just bristled with pep and vitality and "Let's Go" spirit. The assistants and some wives were there and gave the atmosphere a holiday spirit. The internationally famed magician turned out to be our own Basil Hayes from Franklin Park, classmate of President Bill Vopata. It's surprising how entertaining Basil's tricks were. I wonder if amalgam can be converted to gold in his patients' mouths. Everyone seemed to enjoy the wonderful roast beef and the Oak Park Club's hospitality. The officers of the parent society were present including our business manager, Karl Richardson. And clinicians—the TOP NOTCHERS of the profession were there. Thanks to clinicians for a

wonderful job. Thanks to the program committee. . . . Incoming president, Clarence Hanson, had as his guest, E. R. Black, who has taken over the late Ernie Hudec's office. Ed is a fine young regular Navy man, just out of the Service. He graduated from Northwestern, class of 1946, and has taken special courses at Illinois. Look him up, fellows, and give him a welcoming hand. Might be a nice gesture to turn your vacation or excess patients his way. Good luck, Ed, call us if you need us. . . . **ROUND TABLE !!!** Monday, May 7, **OAK PARK CLUB**. Speaker—**LOLA BERG**. Assistants invited. Phone Ed. Hall, Euc. 6-1833 or Ed. Kritzke, Olympic 2-6238. Subject: "How to Stop Your Assistant From Biting Her Nails or How to Keep Those Petticoats From Showing." . . . Mitchell G. Juliussen and L. M. Kosinski were very welcome guests at the last Round Table. . . . L. J. Kulhanek has gone back to the University of Illinois Dental School as an instructor in the Crown and Bridge Dept. . . . **GOLF! GOLF! GOLF!** **NORDIC HILLS COUNTRY CLUB**. **WED., JUNE 27, 1951. PRIZES GALORE. ROAST BEEF DINNER.** Prizes based on handicap, so anyone can win regardless how poor your golf is. Even with my 130, I hope to take one home.

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MOTHER

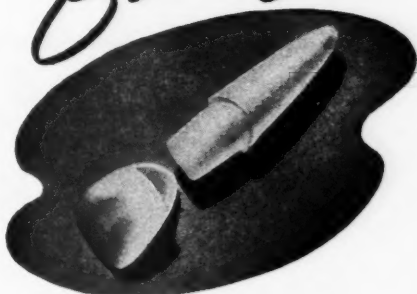
I cannot count the many times
You've ministered to me,
Nor can I number all the joys
Your love has helped me see;

I cannot count your tender smiles,
Nor tears that you have shed,
No more than I can count the prayers
That for me you said.

But though there are a 1000 things
That I can ne'er repay,
My life, my heart, my love is yours,
Dear Mother Mine, Today.

DON'T FORGET THE CHICAGO DENTAL SOCIETY GOLF OUTING, JUNE 20, NORDIC HILLS COUNTRY CLUB. . . . Any news telephone Merrimac 7-6292.—Olaf S. Opdahl, Branch Correspondent.

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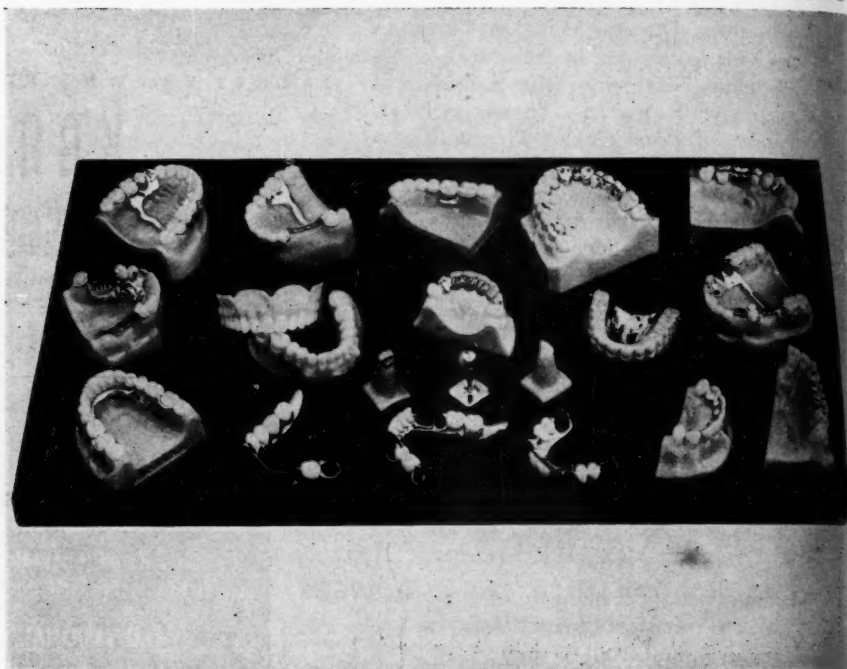
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